

**OCCUPATIONAL DISEASES IN MINES AND WORKS ACT, No. 78 OF 1973, AS AMENDED****DECEASED PERSON APPLICATION FOR BENEFIT****1) CERTIFIED PERSON (DECEASED):**

Surname _____	Gender _____	<table border="1" style="display: inline-table; vertical-align: middle;"><thead><tr><th colspan="4">Male</th><th colspan="4">Female</th></tr></thead><tbody><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></tbody></table>	Male				Female				Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
Male				Female																						
Y	Y	Y	Y	M	M	D	D																			
Y	Y	Y	Y	M	M	D	D																			
First name(s) _____	Date of birth _____																									
ID No./PP No. _____	Date of death _____																									
Country of birth _____	Co. No/PF No. _____																									
District _____	Province _____																									

**2) APPLICANT CONTACT INFORMATION:**

Contact person \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Cellphone No. \_\_\_\_\_ Land Line No. \_\_\_\_\_

Email address \_\_\_\_\_

**3) PREVIOUS BENEFIT RECEIVED**

Has any benefit in respect of occupational disease been paid to the certified person? 

YES	NO
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If YES quote reference number \_\_\_\_\_

**4) ESTATE ACCOUNT DETAILS (IF REGISTERED ESTATE)**

Estate name \_\_\_\_\_

Executor Details \_\_\_\_\_

**5) BANKING DETAILS (ESTATE)**

I, \_\_\_\_\_ (Executor), hereby authorise you to pay the benefit/s, if approved, into my Bank account:

Name of account holder

Account Holder ID No./PP No.

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Name of Bank

Account Type

Savings	Current	Transmission	Other:

Account Number

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Branch Code

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**6) BENEFICIARY LISTING (IF NO ESTATE REGISTERED)**

BENEFICIARY NAMES	BENEFICIARY SURNAME	RELATIONSHIP	IDENTIFICATION OR PASSPORT NUMBER	BANK	ACCOUNT NUMBER

**Please ensure that the Account Holder ID No./PP No. agrees to the information registered with the bank.**

**Please provide a bank statement / stamped letter from the bank as support for each account listed**

**7) DECLARATION**

I, \_\_\_\_\_ (Full Names and Surname) the undersigned, hereby declare that the information furnished in the foregoing application is true, correct and complete in every aspect and that the Compensation Commissioner for Occupational Diseases will not be held liable for any incorrect payment which, might arise due to incorrect/incomplete information supplied by me.

Place of signing \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness Full Name \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

**Appendix A: Document Checklist**

<b>DOCUMENT TYPE</b>	<b>CHECKLIST</b>
GW24/80b application form	
Official Record of Service – Stamped and signed by relevant official	
Certified Identification Document/ Passport of Certified Person (Deceased)	
Certified Identification Document/Passport of Applicant	
Bank Statement or Stamped bank letter confirming bank details for all bank accounts specified	
Letter of Authority/Executorship (LOA) – If in foreign language must be translated	
Death Certificate – If in foreign language must be translated	
Certified Identification of all beneficiaries listed on LOA/ Beneficiary listing	
Marriage certificate (if applicable)	

**Please note that additional documents or Biometric information may be requested by the Compensation Commissioner for Occupational Diseases to process your application.**

**Electronic Service providers will require biometric enrollment for submission of your application for benefit.**

Initials: \_\_\_\_\_